

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000137763

1. Corporation Name

B & M LOGISTICS CORPORATION

2. Principal Office Address - No P.O. Box #

1100 S. FEDERAL HWY

Suite, Apt. #, etc.

Suite 1267

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

3. Mailing Office Address

1100 S. FEDERAL HWY

Suite, Apt. #, etc.

Suite 1267

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/05/2004

5. FEI Number

20-1835859

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

RENATO BINI

Street Address (P.O. Box Number is Not Acceptable)

1100 S. FEDERAL HWY

Suite, Apt. #, Etc.

SUITE 1267

City

DEERFIELD BEACH

State

FL

Zip Code

33441

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

12-23-2011

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RENATO BINI	1100 S FEDERAL HWY STE 1267	DEERFIELD BEACH, FL 33441
TQ	ALEXANDRE BINI	1100 S FEDERAL HWY STE 1267	DEERFIELD BEACH, FL 33441
VD	SERGIO R BINI	1100 S FEDERAL HWY STE 1267	DEERFIELD BEACH, FL 33441

10. E-mail Address: ligia@bmlog.com.br

(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- RENATO BINI

Date

12-23-2011

Daytime Phone #

2012 JAN -5 AM 11:40
SECRETARY OF STATE
BALLEGAARD, FLORENCE
FILED

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01/05/12--01/08--008 **1200.00
REINSTATEMENT 08-11